

**Charlotte Air Traffic Control Tower
Photo Mission Worksheet**

Pilot Name: _____

Requested date of photo mission: _____

Pilot phone number: _____

Requested time of photo mission: _____

Aircraft Identification: _____

Aircraft Type: _____

Photo mission locations:

Site 1:

Site 2:

Radial/DME from CLT: _____

Radial/DME from CLT: _____

Altitude: _____

Altitude: _____

Total time over sight: _____

Total time over sight: _____

Site 3:

Site 4:

Radial/DME from CLT: _____

Radial/DME from CLT: _____

Altitude: _____

Altitude: _____

Total time over sight: _____

Total time over sight: _____

If this photo mission involves long lines please draw the lines on a sectional or Terminal area chart and fax a picture of that chart with this form.

Please call 704 359 1020 prior to departing in order to finalize any photo mission plans.

Fax this completed form to 704 359 1029.